

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MAGA COALITION, INC.

ADDRESS (number and street)

1001 Brickell Bay Drive

Ste 2700

☐ Check if different than previously reported. (ACC)

Miami

FL

33131

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00654343

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

McQueen, Ginger, , ,

Type or Print Name of Treasurer

Signature of Treasurer

McQueen, Ginger, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MAGA COALITION, INC.

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
11		27		2018

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2018</td></tr></table>	Y	Y	Y	Y	Y	2018						<table><tr><td colspan="5">38922.67</td></tr></table>	38922.67				
Y	Y	Y	Y	Y													
2018																	
38922.67																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">42252.13</td></tr></table>	42252.13															
42252.13																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">758.96</td></tr></table>	758.96					<table><tr><td colspan="5">115603.48</td></tr></table>	115603.48									
758.96																	
115603.48																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">43011.09</td></tr></table>	43011.09					<table><tr><td colspan="5">154526.15</td></tr></table>	154526.15									
43011.09																	
154526.15																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">14972.85</td></tr></table>	14972.85					<table><tr><td colspan="5">126487.91</td></tr></table>	126487.91									
14972.85																	
126487.91																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">28038.24</td></tr></table>	28038.24					<table><tr><td colspan="5">28038.24</td></tr></table>	28038.24									
28038.24																	
28038.24																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**MAGA COALITION, INC.**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	7		2	0	1	8		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	8		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	632.96	98893.36
(ii) Unitemized .....	126.00	16248.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	758.96	115141.52
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	758.96	115141.52
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	461.96
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	758.96	115603.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	758.96	115603.48

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	14972.85	126487.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14972.85	126487.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14972.85	126487.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14972.85	126487.91

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	758.96	115141.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	758.96	115141.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	14972.85	126487.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	461.96
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	14972.85	126025.95

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MAGA COALITION, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ashton, Laura, , ,**

Mailing Address 2944 Decanp

City

Youngstown

State

OH

Zip Code

44511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Airlines

Occupation (for Individual)

Flight Attendant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 24 / 2018

Transaction ID : SA11AI.6238

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Boyd, Andrew, , ,**

Mailing Address 3847 Galicia Road

City

Jacksonville

State

FL

Zip Code

32217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2018

Transaction ID : SA11AI.6231

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bugg, Kathi, , ,**

Mailing Address 1418 Aldridge Road

City

Cortez

State

CO

Zip Code

81321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2018

Transaction ID : SA11AI.6248

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**MAGA COALITION, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bugg, Kathi, , ,**

Mailing Address 1418 Aldridge Road

City  
Cortez

State  
CO

Zip Code  
81321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2018

**Transaction ID : SA11AI.6236**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Giampietro, Albert, , ,**

Mailing Address 41 Woodbridge Road

City  
Thorton

State  
PA

Zip Code  
19373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sentry Alarm Co Inc

Occupation (for Individual)

Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2018

**Transaction ID : SA11AI.6227**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gregory, Boyd, , ,**

Mailing Address 5146 Red Cedar Lane

City  
Charlotte

State  
NC

Zip Code  
28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Conterra Ultra Broadband

Occupation (for Individual)

Data Network Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 24 / 2018

**Transaction ID : SA11AI.6244**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keaton, Kevin, , ,

Mailing Address 643 Cobblestone Drive

City  
Delaware

State  
OH

Zip Code  
43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SEA LIMITED

Occupation (for Individual)  
Senior Fire Investigator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2018

Transaction ID : SA11AI.6224

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kilber, Chris, , ,

Mailing Address 947 Daily Road

City  
Hudson

State  
WI

Zip Code  
54016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Entrepreneur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2018

Transaction ID : SA11AI.6232

Amount of Each Receipt this Period

20.20

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McManus, Charles, , ,

Mailing Address P.O. Box 255

City  
Hardeeville

State  
SC

Zip Code  
29927

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SC Department of Health

Occupation (for Individual)  
Emergency Preparedness

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 27 / 2018

Transaction ID : SA11AI.6218

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

95.20

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**MAGA COALITION, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McManus, Charles, , ,**

Mailing Address P.O. Box 255

City  
Hardeeville

State  
SC

Zip Code  
29927

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SC Department of Health

Occupation (for Individual)  
Emergency Preparedness

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2018

Transaction ID : SA11AI.6240

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McQueen, Ginger, , ,**

Mailing Address 340 Manning Dr.

City  
DeKalb

State  
IL

Zip Code  
60115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MAGA Coalition

Occupation (for Individual)  
Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.12

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2018

Transaction ID : SA11AI.6220

Amount of Each Receipt this Period

17.76

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Merrick, Susan, , ,**

Mailing Address 9327 Viento Fuerte Way

City  
La Mesa

State  
CA

Zip Code  
91941

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested Per Best Effort

Occupation (for Individual)  
Info Requested Per Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2018

Transaction ID : SA11AI.6223

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

62.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rae, Brenda, , ,

Mailing Address 15221 North 44th Street

City  
PhoenixState  
AZZip Code  
85032FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lecturing ProfessorOccupation (for Individual)  
Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2018

Transaction ID : SA11AI.6230

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robinson, Jesse, , ,

Mailing Address 31 Mountain Road

City

Rosendale

State

NY

Zip Code

12472

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ConstructionOccupation (for Individual)  
Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2018

Transaction ID : SA11AI.6237

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robison, Olivia, , ,

Mailing Address 2750 W. Baca Way

City

Chino Valley

State

AZ

Zip Code

86323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Info Requested Per Best EffortOccupation (for Individual)  
Info Requested Per Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2018

Transaction ID : SA11AI.6225

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

140.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MAGA COALITION, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smeureanu, Sebastian, , ,**

Mailing Address 71 Norwood Avenue

City  
Upper Montclare

State  
NJ

Zip Code  
07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Lecturing Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2018

Transaction ID : SA11AI.6229

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ward-Wilson, Margaret, , ,**

Mailing Address 154-D Via Don Ray Road

City  
Long Beach

State  
MS

Zip Code  
39560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2018

Transaction ID : SA11AI.6226

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wilcox, Jennifer, , ,**

Mailing Address 29426 Via Napoli

City  
Laguna Niguel

State  
CA

Zip Code  
92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coast Community College Dist.

Occupation (for Individual)  
Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2018

Transaction ID : SA11AI.6245

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MAGA COALITION, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Woods, Richard, , ,**

Mailing Address 776 Wagon Wheel Rd.

City  
Greenville

State  
IL

Zip Code  
62246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WOODS BASEMENT SYSTEMS, INC

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2018

Transaction ID : SA11AI.6228

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

632.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAGA COALITION, INC.**

Full Name (Last, First, Middle Initial)

**A. Davinci Virtual Office**Mailing Address 2150 South 1300 East, Suite 200  
#200City  
Salt LakeState  
UTZip Code  
84106Purpose of Disbursement  
Online Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2018

FEC Identification Number

**C****Transaction ID : SB21B.6207**

Amount of Each Disbursement this Period

139.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Davinci Virtual Office**Mailing Address 2150 South 1300 East, Suite 200  
#200City  
Salt LakeState  
UTZip Code  
84106Purpose of Disbursement  
Online Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		21		2018

FEC Identification Number

**C****Transaction ID : SB21B.6204**

Amount of Each Disbursement this Period

5.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gingrich, Adam, , ,**Mailing Address 3030 N. Rocky Pointe D  
Ste 150ACity  
TampaState  
FLZip Code  
33607Purpose of Disbursement  
Strategic Planning Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2018

FEC Identification Number

**C****Transaction ID : SB21B.6215**

Amount of Each Disbursement this Period

6666.66

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6810.93
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAGA COALITION, INC.**

Full Name (Last, First, Middle Initial)

**A. Gingrich, Adam, , ,**Mailing Address 3030 N. Rocky Pointe D  
Ste 150ACity  
TampaState  
FLZip Code  
33607Purpose of Disbursement  
Strategic Planning Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2018			

FEC Identification Number

**C****Transaction ID : SB21B.6200**

Amount of Each Disbursement this Period

6666.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Go Daddy**Mailing Address 14455 N. Hayden Rd.  
Ste 226City  
ScottsdaleState  
AZZip Code  
85260Purpose of Disbursement  
Online Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2018			

FEC Identification Number

**C****Transaction ID : SB21B.6216**

Amount of Each Disbursement this Period

5.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Go Daddy**Mailing Address 14455 N. Hayden Rd.  
Ste 226City  
ScottsdaleState  
AZZip Code  
85260Purpose of Disbursement  
Online Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2018			

FEC Identification Number

**C****Transaction ID : SB21B.6212**

Amount of Each Disbursement this Period

4.99

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6676.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAGA COALITION, INC.**

Full Name (Last, First, Middle Initial)

**A. Go Daddy**Mailing Address 14455 N. Hayden Rd.  
Ste 226City  
ScottsdaleState  
AZZip Code  
85260Purpose of Disbursement  
Online Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				10				2018					

FEC Identification Number

**C****Transaction ID : SB21B.6210**

Amount of Each Disbursement this Period

4.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Go Daddy**Mailing Address 14455 N. Hayden Rd.  
Ste 226City  
ScottsdaleState  
AZZip Code  
85260Purpose of Disbursement  
Online Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				17				2018					

FEC Identification Number

**C****Transaction ID : SB21B.6205**

Amount of Each Disbursement this Period

9.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Go Daddy**Mailing Address 14455 N. Hayden Rd.  
Ste 226City  
ScottsdaleState  
AZZip Code  
85260Purpose of Disbursement  
Online Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				26				2018					

FEC Identification Number

**C****Transaction ID : SB21B.6203**

Amount of Each Disbursement this Period

4.99

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

19.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAGA COALITION, INC.**

Full Name (Last, First, Middle Initial)

**A. Go Daddy**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				27				2018					

Mailing Address 14455 N. Hayden Rd.  
Ste 226City  
ScottsdaleState  
AZZip Code  
85260Purpose of Disbursement  
Online Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6202**

Amount of Each Disbursement this Period

5.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NATIONBUILDER**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				17				2018					

Mailing Address 520 S. Grand Avenue

City  
Los AngelesState  
CAZip Code  
90071Purpose of Disbursement  
Website Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6206**

Amount of Each Disbursement this Period

1290.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PayPal**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2018					

Mailing Address 2211 North First Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
Credit Card Processing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.6247**

Amount of Each Disbursement this Period

1.62

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1297.91



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 17

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**MAGA COALITION, INC.**

Full Name (Last, First, Middle Initial)

## **A. Stripe**

Mailing Address 185 Berry St #550

City  
San Francisco

State  
CA

Zip Code  
94107

Purpose of Disbursement  
Credit Card Processing

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2018

FEC Identification Number

C

**Transaction ID : SB21B.6251**

Amount of Each Disbursement this Period

6.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6.63

14812.41